Check ALL your Sports:

FALL
- ☐ Football
- ☐ Girls Volleyball
- ☐ Girls Golf
- ☐ Girls Tennis
- ☐ Cross Country
- ☐ Girls Flag Football
- ☐ Girls Water Polo
- ☐ Boys Water Polo

WINTER
- ☐ Boys Basketball
- ☐ Girls Basketball
- ☐ Wrestling
- ☐ Boys Soccer
- ☐ Girls Soccer

SPRING
- ☐ Boys Tennis
- ☐ Boys Golf
- ☐ Softball
- ☐ Baseball
- ☐ Track & Field
- ☐ Swimming
- ☐ Boys Volleyball
- ☐ Powder Puff
- ☐ Cheer

MANTECA HIGH PHYSICAL FORM

Parent/Guardian to complete the top and middle section

SCHOOL YEAR
2024 - 2025

First Name: _____ MHS Student ID: _____ Grade: _____

Last Name: _____ Age: _____ DOB: _____

Address: _____

Parents Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Physician Name: _____ Phone #: _____ Pref Hospital: _____

Have you attended any other High School: ☐ Y ☐ N If Yes, School Name: _____

***** MEDICAL INSURANCE ***** California law (Education Code Sections 3220-21) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic team, athletic event, including song and cheerleaders, team mascots, team managers, etc. to possess acci-dental bodily insurance providing at least $1500 of scheduled medical and hospital benefits. Please specify on the form below the required insurance coverage that you have provided for your son/daughter. **By completing this form, you certify that you WILL PROMPTLY NOTIFY THE SCHOOL IN THE EVENT INSURANCE COVERAGE NO LONGER APPLIES TO YOUR SON/DAUGHTER.**

Insurance Company Name: _____ Policy Number: _____

THIS MEDICAL HISTORY AND EXAM IS ONLY INTENDED TO DETERMINE ABILITY TO PARTICIPATE IN SPORTS AND IS NOT A SUBSTITUTE FOR REGULAR EXAMS BY YOUR PHYSICIAN

Have you ever had any of the following (please mark Y or N):

- ☐ Y ☐ N Head Injury
- ☐ Y ☐ N Back or neck problems or curvature of the spine
- ☐ Y ☐ N Broken Bones, dislocations, or amputations
- ☐ Y ☐ N Polio or problems with foot, knee, or other joints
- ☐ Y ☐ N Eye injury, eye surgery, eye disease
- ☐ Y ☐ N Wear glasses, contacts, hearing aid or dentures.
- ☐ Y ☐ N Headaches-other than minor headaches
- ☐ Y ☐ N Drug addiction, mental illness, nervous disorder.
- ☐ Y ☐ N Epilepsy, fits, fainting, or dizzy spells
- ☐ Y ☐ N Lung trouble, shortness of breath, asthma
- ☐ Y ☐ N Heart trouble, rheumatic fever
- _____ Date of last tetanus immunization (rec every 3 years)
- ☐ Y ☐ N Anemia, leukemia, or other blood disorder
- ☐ Y ☐ N Diabetes
- ☐ Y ☐ N Hernia, kidney problem, testicle problem
- ☐ Y ☐ N Enlarged spleen or liver.
- ☐ Y ☐ N Surgery other than tonsils
- ☐ Y ☐ N Family history of sudden death
- ☐ Y ☐ N Presently taking any medication (list below)
- ☐ Y ☐ N Allergic to medicine, foods, bee stings, etc.
- ☐ Y ☐ N Do you have any ongoing medical problems?
- ☐ Y ☐ N Do you know of any reason why you should **NOT** participate in sports? If yes, _____

Current Meds: _____

IMPORTANT: Students must get a new physical every school year. ***Physicals must done 6/1/24 or after for the 24-25 school year.***
This bottom section must be completed and stamped by a physician to be valid ** Chiropractor exams will not be accepted**

This portion is to be completed by physican only

⊕ PHYSICIANS PHYSICAL EXAM ⊕

Date: _____ B/P: _____ Sex: ☐ M ☐ F Weight: _____ Height: _____

I have examined this student and have found him/her: ☐ Fit for Sports or ☐ In need of further evaluation:

Reason: _____

Physician Signature: _____

Required

Place Physician stamp here to be VALID

Office Phone: _____ Physician Stamp: _____

Updated 3/5/24 KS